

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

10/538144

FILING DATE

APPLICANT(S)

6/9/05 11/30/05 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/				/	
2		/				/
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50		/				/
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	* 6/9/05		* 11/30/05		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/		
52		/		/		
53		/		/		
54		/		/		
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						